

Client ID	Date of Cert	C, R, T Cert, recert, transfer	Certifier Initials	Income	Residency	Auth Person ID	ID (initial certification)	Pregnancy (if applicable)	EBT Signature form – if issued	Comments:	Follow up:

Note: Scan or copy verification of Medicaid eligibility (card or screen print) and scan into client record for adjunctively eligible clients. This would verify Income and Residency for client, and if card scanned, Identity.

## WIC Single Certifier Audit

Evaluation Section: Identify source listing specific records to be audited:			
MIHP billing   MIWIC schedule   Single Certifier Report   Other:			
# of single certifier records?	<input type="text"/>	What is 20% of this number? _____	
# records reviewed?	<input type="text"/>	Is this at least 20% of records?	Yes      No
# of "b" records with required documentation missing?			
What is the solution for securing the required documentation?			
Other:			
<input type="checkbox"/> Training staff to obtain required documentation _____date/initials			
<input type="checkbox"/> Contacting the client for the required documentation _____date/initials			
Comments:			

### Procedure:

1. Maintain a list of clients certified by single individual (includes income eligibility, laboratory/anthropometrics, risk assessment/assignment, nutrition education and referrals) or out of state transfers performed by a single individual (includes out of state transfer and food package assignment).
2. Identify 20% of the clients listed for record review.
3. Within 30 days of the certification date, using the WIC Single Certifier Audit tool, review records for the required documentation.
4. Audit procedure: Record the following information for each client record reviewed.
  - a. Client ID-Record the client's ID# (300XXXXXX).
  - b. C. R. T-Record if Cert (C), Recert (R) or Out of State Transfer (T)
  - c. Date of Cert-Record the date of certification.
  - d. Certifier Initials-Record the initials of the staff who certified the client
  - e. Income Verification-Record whether the income verification documentation was found scanned in the record (X) or not found (0) (i.e., check stub, Medicaid verified, etc.).
    - i. If "no proof" was documented, please note as SC (Short Cert).
  - f. Residency-Record whether the residency verification documentation was found scanned in the record (X) or not found (0) (i.e., driver's license, Medicaid ID, etc.).
    - i. If "no proof" was documented, please note as SC (Short Cert).
  - g. Authorized Person ID- FOR NEW AUTHORIZED PERSONS ONLY: Record whether the Authorized Person's identity verification documentation was found scanned in the record (X) or not found (0) (i.e., driver's license, Medicaid ID, VOC, WIC Bridge Card, etc.).
    - i. If "no proof" was documented, please note as SC (Short Cert).
  - h. ID- FOR NEW CLIENT'S ONLY: Record whether the Authorized Person's identity verification documentation was found scanned in the record (X) or not found (0) (i.e., driver's license, Medicaid ID card, VOC, WIC Bridge Card, hospital/crib card, Immunization Record, etc.).
    - i. If "no proof" was documented, please note as SC (Short Cert).
    - ii. If not a new client, record NA (not applicable).
  - i. Pregnancy- Record whether the client's proof of pregnancy documentation was found scanned in the record (X) or not found (0) (i.e., Dr. note, referral, etc.). If physical proof documented, record (P).
    - i. If not a pregnant client, record NA (not applicable).
    - ii. If "no proof" was documented, please note as SC (Short Cert).
  - j. Comments- Record any comments regarding the documentation for counseling or follow up, if noted.
  - k. Follow up-Record any follow up needed to validate the record and note training provided, if identified.